

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90043 012 \*\*\*150.00

**DOCUMENT # P93000088804**

1. Entity Name

**GERELCO ELECTRICAL CONTRACTORS, INC.**

Principal Place of Business

Mailing Address

521 NW ENTERPRISE DR.  
 PORT ST. LUCIE FL 34986  
 US

521 NW ENTERPRISE DR  
 PORT ST. LUCIE FL 34986-2215  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0461283**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEREMIA, KENNETH A.**  
**1360 OLDE DOODLOON DR.**  
**VERO BCH. FL 32963**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Kenneth A. Geremia*  
 Signature, typed or printed name of registered agent and title if applicable.

*Kenneth A. Geremia Pres.*  
 (NOTE: Registered Agent signature required when reinstating)

*1/5/00*  
 DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>P</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>GEREMIA, KENNETH A.</b>    |                                 |
| STREET ADDRESS | <b>1360 OLDE DOUBLOON DR.</b> |                                 |
| CITY-ST-ZIP    | <b>VERO BCH. FL 32963</b>     |                                 |
| TITLE          | <b>S</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>GEREMIA, CAROL A.</b>      |                                 |
| STREET ADDRESS | <b>1360 OLDE DOUBLOON DR.</b> |                                 |
| CITY-ST-ZIP    | <b>VERO BCH. FL 32963</b>     |                                 |
| TITLE          | <b>VP</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>BUEHLER, MARK D</b>        |                                 |
| STREET ADDRESS | <b>729 MICHAELS CT.</b>       |                                 |
| CITY-ST-ZIP    | <b>STUART FL 34996</b>        |                                 |
| TITLE          | <b>VP</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>GEREMIA, KENNETH A JR</b>  |                                 |
| STREET ADDRESS | <b>246 SWEET BAY CIR.</b>     |                                 |
| CITY-ST-ZIP    | <b>JUPITER FL 33458</b>       |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kenneth A. Geremia*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/5/00*  
 Date

*561-340-7474*  
 Daytime Phone #

CR2E034 (9/99)